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ABSTRACT

The Sleight Clinician Anxiety Test (SCAT) was developed to rate the anxiety of speech language pathology students during their practicum. Items were selected based on writings in speech language pathology, education and psychology and four areas previously identified as of concern to new practitioners: (1) living up to supervisory standards, (2) having responsibility for future client well being/fearing harming clients, (3) being able to apply theory to practice, and (4) general functioning in practicum. Results of giving the scale to 22 practicum and 14 nonpracticum students showed that students in both groups were not anxious about the practicum experience but were confident with the experience of the practicum increasing this confidence. The 40 questions of the test are listed under each of the four categories of predicted anxiety. (DB)

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ANXIETY IN STUDENT CLINICIANS

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ANXIETY IN STUDENT CLINICIANS

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Despite subjective descriptions of student clinician anxiety, and our own personal recollections, little objective data have been collected on beginning undergraduate practicum students and their anxiety.

Anecdotal reports exist in speech-language pathology (Oratio, 1977), and work in the related areas of education and psychology (Brand, 1978; Gilroy and Moody, 1976; Mott, 1976; Shows, 1976; Sorenson and Halpert, 1968; Tolor and Brannigan, 1976; and Travers, Rabinowitz and Nemovicher, 1952) has indicated four areas of concern to new practitioners:

1. living up to supervisory standards
2. having responsibility for future client well-being; fearing harming clients
3. being able to apply theory to practice
4. general functioning in practicum

Identification and measurement of anxiety is important if the supervisor is to be effective in understanding anxiety's negative effects as described by May (1977), Mosher and Purpel (1972) and Travers, et. al., (1952).

The purposes of this study were to develop an instrument to rate anxiety about practicum, and to determine its reliability and validity, and to use this instrument to determine the anxiety of student clinicians at various levels of their training.

The Sleight Clinician Anxiety Test (SCAT) was developed to rate student clinician anxiety. It is a forty item, five point, Likert-type scale. Items were selected based on writings in speech-language pathology, education and psychology, and the four areas of concern were addressed (see Appendix A). The scale itself is set up so that negative and positive items occur at random. Clinicians can respond to each item with one of five answers ranging from "Completely Agree" to "Completely Disagree."

The SCAT's reliability and validity were secured through obtaining feedback from The Pennsylvania State University's supervisors and from six graduate students in speech-language pathology to whom it was administered.

In order to determine the anxiety levels of beginning clinicians, the SCAT was administered to two groups in the Winter and Spring terms of 1980. The twenty-two students enrolled in their first practicum were tested at the beginning and at the end of their ten week practicum experience. A control group of fourteen students at the same academic level, who had never had practicum, also completed the instrument at the same times.

Hypothesis testing of pretest results using the t statistic was done to determine if the subjects' mean scores differed significantly from the midpoint of the scale. The midpoint was considered neutral, indicating neither anxiety nor confidence. Both practicum and non-practicum groups differed significantly from the midpoint in a direction reflecting less anxiety and more confidence (see Table 1).

When the two groups were compared using a t test for independent groups, no significant differences were obtained between them either on the total scores or on the four categories of items (see Table 2). This was also true for post testing done at the end of the term (see Table 3).

However, when a dependent t test method was used to compare pre and post tests of both groups, the practicum students' scores indicated a significant shift to responses reflecting less anxiety and more confidence. This was true of their overall scores, and also of the specific categories of items of living up to supervisory standards and general functioning in practicum (see Table 4). The non-practicum group did not show any significant changes.

These results challenge our assumptions that beginning students are anxious about their upcoming practicum experience. Not only were they not anxious, they were not even neutral - they were confident.

The experience of practicum seems to increase this confidence, particularly in the areas of living up to supervisory standards and general functioning. However, as confidence did not seem to increase in the areas of being responsible for client well-being and applying theory to practice, perhaps we should, as supervisors, address ourselves to these issues.

Further research is needed on a longitudinal basis, to see if this confidence continues to increase with further experience. In addition, investigation could be done into the different variables affecting anxiety and confidence levels, such as supervisory styles, and ages and disorders of clients.

TABLE 1. TEST OF EXTENT TO WHICH MEANS OF PRACTICUM AND NON-PRACTICUM GROUPS DIFFER FROM MIDPOINT OF SCAT SCALE.

Practicum Group (n = 22)			Non-Practicum Group (n = 14)		
Mean	S.D.	t value[1]	Mean	S.D.	t value[2]
3.475	.3588	6.2092*	3.5429	.3524	5.7633+

[1]Critical t value at .01 level of significance, df=21, is 2.83. Significant results marked with an asterisk (*).

[2]Critical t value at .01 level of significance, df=13, is 3.01. Significant results marked with a cross (+).

TABLE 2. COMPARISON OF PRE-TEST SCORES OF PRACTICUM AND NON-PRACTICUM GROUPS USING A t STATISTIC.

	Practicum Group (n=22)		Non-Practicum Group (n=14)		
	Mean	S.D.	Mean	S.D.	t value[1]
TOTAL SCORES	3.475	.3588	3.5429	.3524	- .5587
Category One Items (living up to supervisory standards)	3.4867	.4556	3.6489	.4291	-1.0800
Category Two Items (having responsibility for clients)	3.7915	.3254	3.7669	.1996	.2814
Category Three Items (transferring theory to practice)	3.2703	.4924	3.2738	.5325	- .0198
Category Four Items (general functioning in practicum)	3.1705	.7574	3.2679	.7934	.3654

[1]critical value at .01 level of significance, df=34, is 2.75.

TABLE 3. COMPARISONS OF POST-TEST SCORES OF PRACTICUM AND NON-PRACTICUM GROUPS USING A t STATISTIC.

	Practicum Group (n=22)		Non-Practicum Group (n=14)		
	Mean	S.D.	Mean	S.D.	t value[1]
TOTAL SCORES	3.7545	.4201	3.5783	.5264	1.0570
Category One Items (living up to supervisory standards)	3.8978	.4824	3.7587	.4607	.8666
Category Two Items (having responsibility for clients)	3.8635	.2174	3.7022	.4030	1.3731
Category Three Items (transferring theory to practice)	3.4203	.6750	3.3392	.7773	.3209
Category Four Items (general functioning in practicum)	3.75	.7113	3.3929	.7888	1.3750

[1] critical value at .01 level of significance, df=34, is 2.75.

TABLE 4. COMPARISON OF PRE-TEST AND POST-TEST SCORES OF PRACTICUM AND NON-PRACTICUM GROUPS USING A t STATISTIC

	Practicum Group			Non-Practicum Group		
	Mean Difference	S.E.	t value[1]	Mean Difference	S.D.	t value[2]
TOTAL SCORES	-.27	.0703	-3.8433*	-.0354	.1017	- .3480
Category One (living up to supervisory standards)	-.4111	.0940	-4.3734*	-.1094	.0788	-1.3877
Category Two (having responsibility for clients)	-.0643	.0645	- .9971	.0647	.0994	.6511
Category Three (transferring theory to practice)	-.1033	.1147	- .9002	-.0683	.1394	- .4901
Category Four (general functioning in practicum)	-.5341	.1881	-2.8392*	-.1250	.2204	- .5671

[1]Critical value at .01 level of significance, df=21, is 2.83. Significant results marked with an asterisk*.

[2]Critical value at .01 level of significance, df=13, is 3.01.

Copies of the complete scale and results of its administration can be obtained from:

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FOUR CATEGORIES OF QUESTIONS ON
THE SLEIGHT CLINICIAN ANXIETY TEST

Category One: Supervisor/Clinician Interactions

3. I will be able to do whatever my supervisor asks of me.
5. I fear I will dislike my supervisor.
6. I am feeling overwhelmed by all the new things I'll have to do in clinic.
9. I am systematic in job and school matters.
19. I fear I will not be able to come up to my supervisor's standards.
23. I can cope with clinical procedures with no problem.
29. Frequent observation by a supervisor is essential to my development as a clinician.
30. I'm afraid I will fail practicum.
34. I will be a better clinician if I don't feel I'm being watched often by my supervisor.
37. I believe I will get an A in practicum.
38. I am poorly organized in school and work.
39. I believe I will like my supervisor.

Category Two: Client Well Being

2. I'm afraid I may do something to hurt my client.
4. I can easily put myself in somebody else's place.
8. I think I can do my best work with people my own age or older.
15. I will help my client.
16. I am fearful of working with adults.
25. I find it hard to understand other people and their feelings.
28. It is not my responsibility to change my client's behavior.
32. I am fearful of working with children.
33. People usually like me, so I should have good relationships with my clients.
35. It is up to me to see that my client makes significant progress.
36. I think I can do my best work with preschoolers and school children.
40. I am hard to get along with, and this may affect my interactions with my clients.

Category Three: Application of Theory to Practice

7. I am apprehensive about relating to people who have pitch, volume or resonance disorders.
10. I feel comfortable interacting with people who have articulation disorders.
11. I am satisfied with my theoretical background for practicum.
12. I am apprehensive about relating to people who have processing problems.
14. I feel comfortable interacting with people who have fluency disorders.
17. In clinic, I will be capable of applying what I've learned in class.
20. I feel comfortable interacting with people who have voice disorders.
22. I am concerned that I won't be able to transfer my coursework to therapy.
24. I feel comfortable interacting with people who have language disorders.
26. I am apprehensive about relating to people who have phonological problems.
27. I need more coursework to feel comfortable in practicum.
31. I am apprehensive about relating to people who stutter.

Category Four: General Attitude Towards Practicum

1. I am looking forward to practicum.
13. I am confident about my practicum performance.
18. I am apprehensive about practicum.
21. I have negative feelings about practicum..